

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND

| | |
|-----------------------------------|--------------------------------------|
| 1 Date of Request: <u>8-17-02</u> | 2 Serial/Patent #: <u>10/047,025</u> |
|-----------------------------------|--------------------------------------|

| | | | | | | | | | | | |
|--|-------------------------------------|---|--------------|----------|---|---|---|---|---|---|---|
| 3 Please refund the following fee(s): | | 4 PAPER NUMBER | 5 DATE FILED | 6 AMOUNT | | | | | | | |
| <input checked="" type="checkbox"/> Filing | | | | \$ | | | | | | | |
| <input type="checkbox"/> Amendment | | | | \$ | | | | | | | |
| <input type="checkbox"/> Extension of Time | | | | \$ | | | | | | | |
| <input type="checkbox"/> Notice of Appeal/Appeal | | | | \$ | | | | | | | |
| <input checked="" type="checkbox"/> Petition | 3 | 8-17-02 | \$ 130 - | | | | | | | | |
| <input type="checkbox"/> Issue | | | | \$ | | | | | | | |
| <input type="checkbox"/> Cert of Correction/Terminal Disc. | | | | \$ | | | | | | | |
| <input type="checkbox"/> Maintenance | | | | \$ | | | | | | | |
| <input type="checkbox"/> Assignment | | | | \$ | | | | | | | |
| <input type="checkbox"/> Other | | | | \$ | | | | | | | |
| | | 7 TOTAL AMOUNT OF REFUND | \$ 130 - | | | | | | | | |
| | | 8 TO BE REFUNDED BY: | | | | | | | | | |
| 10 REASON: | | Treasury Check | | | | | | | | | |
| <input type="checkbox"/> Overpayment | <input checked="" type="checkbox"/> | Credit Deposit A/C #: | | | | | | | | | |
| <input type="checkbox"/> Duplicate Payment | <input type="checkbox"/> | , <table border="1"><tr><td>1</td><td>5</td><td>-</td><td>0</td><td>7</td><td>0</td><td>0</td></tr></table> | | | 1 | 5 | - | 0 | 7 | 0 | 0 |
| 1 | 5 | - | 0 | 7 | 0 | 0 | | | | | |
| <input checked="" type="checkbox"/> No Fee Due (Explanation): <u>DUE TO PTO CLERK</u> | | | | | | | | | | | |
| 11 REFUND REQUESTED BY: | | | | | | | | | | | |
| TYPED/PRINTED NAME: <u>D WOOD</u> | | TITLE: <u>ATTY</u> | | | | | | | | | |
| SIGNATURE: <u>D WOOD</u> | | PHONE: <u>309-6918</u> | | | | | | | | | |
| OFFICE: <u>PETITIONS</u> | | | | | | | | | | | |
| ***** THIS SPACE RESERVED FOR FINANCE USE ONLY ***** | | | | | | | | | | | |
| APPROVED: <u>Alvin J. Bell</u> | | DATE: <u>Aug 20th 02</u> | | | | | | | | | |

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

Office of Finance
Refund Branch
Crystal Park One, Room 802B